

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SDM		11/1/99
O.I.P.E. CLASSIFIER		21	1/5/00
FORMALITY REVIEW		605711	1-15-94

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10-11-99
2	✓	✓	10-11-99
3	✓	✓	10-11-99
4	✓	✓	10-11-99
5	✓	✓	10-11-99
6	✓	✓	10-11-99
7	✓	✓	10-11-99
8	✓	✓	10-11-99
9	✓	✓	10-11-99
10	✓	✓	10-11-99
11	✓	✓	10-11-99
12	✓	✓	10-11-99
13	✓	✓	10-11-99
14	✓	✓	10-11-99
15	✓	✓	10-11-99
16	✓	✓	10-11-99
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18	✓	✓	10-11-99
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20	✓	✓	10-11-99
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25	✓	✓	10-11-99
26	✓	✓	10-11-99
27	✓	✓	10-11-99
28	✓	✓	10-11-99
29	✓	✓	10-11-99
30	✓	✓	10-11-99
31	✓	✓	10-11-99
32	✓	✓	10-11-99
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42	✓	✓	10-11-99
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45	✓	✓	10-11-99
46	✓	✓	10-11-99
47	✓	✓	10-11-99
48	✓	✓	10-11-99
49	✓	✓	10-11-99
50	✓	✓	10-11-99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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—If more than 150 claims or 10 actions  
staple additional sheet here

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